## <u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u> This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	11-18-2010	Address:	<u>109 York Dr.</u>	
Case #:	<u>241/32084</u>		Middleburry IN	
County:	Elkhart		<u>46540</u>	
Type of Laboratory Seizure (check one)  ☑ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (a Residence Outbuilding Vehicle	check all that apply)	
Items Found: Location (bedroom, kitchen, open air, etc)				
(check all that apply)  [X] Lithium/Ammonia Reaction(s): Open Air				
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents:				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
Ilydrochloric Acid Gas Generator(s):				
Corrosive Acid:				
Corrosive Base:				
Other (item and location):				
Child under age 18 discovered (check one)  ☐ Yes (number present)  ☐ No  *If yes, fax report to Child Protective Services		☐ Ephedrin ☐ Retail/M	<ul> <li>Investigative Information</li> <li>☐ Ephedrine/Pseudoephedrine Tracking Log</li> <li>☐ Retail/Merchant Tip</li> <li>☐ Other: Traffic Stop</li> </ul>	
This report is to be faxed to the following agencies that serve the location:				
Health Dep	ire Department: Middleburry FD Fax: 574-825-1466 Fax: (574) 269-2023 Fax: hild Protection Service:		269-2023	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Trp. Andrew Cochtan</u> Phone <u>574-546-4900</u>				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of seeme processing.

<sup>\*\*\*</sup> This form is to be included with the case life, and a copy sent to the Claudestine Laboratory Team Leader for retention.